

MAY 03 2004

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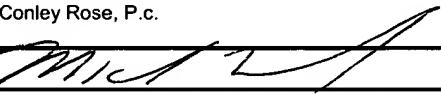
## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/925,934
		Filing Date	August 9, 2001
		First Named Inventor	Paul Patterson
		Art Unit	3764
		Examiner Name	Fenn C. Mathew
Total Number of Pages in This Submission	15	Attorney Docket Number	4008-00201

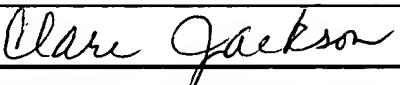
ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> Acknowledgement postcard	<b>RECEIVED</b> <b>MAY - 7 2004</b> <b>TECHNOLOGY CENTER 3700</b>
<input type="checkbox"/> Remarks _____			

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michael S. Bush Conley Rose, P.c.
Signature	
Date	April 29, 2004

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Clare Jackson		
Signature		Date	April 29, 2004

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PATENT &amp; TRADEMARK OFFICE

# FEE TRANSMITTAL For FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **\$ 52.00**

## METHOD OF PAYMENT (Check all that apply)

Check  Credit Card  Money Order  Other  None

Deposit Account:

Deposit Account Number: 50-1515  
Deposit Account Name: Conley Rose, P.C.

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account  
 Credit any overpayments

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee	Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)	Fee	Fee	Fee Description	Fee Paid
1001 770	2001 385	Utility filing Fee		\$	
1002 340	2002 170	Design filing fee		\$	
1003 530	2003 265	Plant filing fee		\$	
1004 770	2004 385	Reissue filing fee		\$	
1005 160	2005 80	Provisional filing fee		\$	

**SUBTOTAL (1)** **\$ .00**

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Fee from Extra Claims below	Fee Paid
Total Claims	24 - 23** = 1	x 9.00 = \$ 9.00	
Independent Claims	5 - 4** = 1	x 43.00 = \$ 43.00	
Multiple Dependent		290.00 = \$ 0.00	

Large Entity	Small Entity	Fee	Fee	Fee Description
Code (\$)	Code (\$)	Fee	Fee	Fee Description
1202 18	2202 9	Claims in excess of 20		
1201 86	2201 43	Independent Claims in excess of 3		
1203 290	2203 145	Multiple dependent claim, if not paid		
1204 86	2204 43	** Reissue independent claims over original patent		
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent		

**SUBTOTAL (2)** **\$ 52.00**

\*\* or number previously paid, if greater; For Reissues, see above

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Michael S. Bush	Registration No. (Attorney/Agency)	31,745	Telephone	(972) 731-2288
Signature				Date	April 29, 2004

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